



Seminar:
Saturday, April 11, 2015
Shirley, MA

Hunt:
Monday, May 4, 2015
Devens RFTA, MA

TURKEY HUNT!

Presented by:

MassWildlife,
Shirley Rod & Gun Club
and
Devens Reserve Forces
Training Area



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Becoming an Outdoors-Woman in Massachusetts!**

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VISIT US or Call: (508) 389-6300



TURKEY HUNT '15!

Seminar: *Saturday*, April 11, 2015

Hunt: *Monday*, May 4, 2015

Pre-registration required! Seminar: Limit 25 Hunt: Limit 10.

Registration preference will be given to new participants and returnees who have not taken a turkey.

This is a two-part workshop designed for adult women who are new to turkey hunting and want to learn more about it. Part A is a turkey hunting seminar. The focus will be on gun handling, turkey calling and hunting strategies that will be employed at the hunt on Devens. Photographers and others who won't be on the Devens hunt will learn about turkeys and turkey behavior at the Seminar. No firearms required. Part B is a guided turkey hunt. Participants may sign up for Part A or a combination. First time participants must attend the workshop. Turkey Hunt participants **MUST** possess: a 2015 MA hunting or sporting license, a valid MA gun license, turkey permit, and shotgun with appropriate ammunition.

Registration Deadlines — March 27, 2015 for the Seminar & Hunt;
April 24, 2015 for the Hunt only — **NO REFUNDS AFTER THESE DATES.**

 **Simply Print, Fill In and Return the Registration, Medical, Photo Release and Liability Forms to the address below!**

Registration Coupon

- ☐ **PART A&B** – Count me in for the **Turkey Hunting Seminar & Hunt:** April 11, 2015 and May 4, 2015. Cost: \$40 (includes instruction, guide services, lunch on each day). Hunt limited to 10 participants.
- ☐ **PART A** – Count me in for the **Turkey Hunting Seminar, Shirley, MA:** April 11, 2015. Cost: \$20 (includes lunch, calling instruction and supervised sighting-in).
- ☐ **PART B** – Count me in for the **Turkey Hunt, Devens RTFA:** May 4, 2015. Cost: \$30 (includes lunch and guide services).

Name _____ Daytime telephone # _____

Address _____

Town _____ State _____ Zip _____

e-mail address _____ MA Hunting Lic. #: _____ Shotgun Gauge: _____



Special Needs: *If you have a disability, medical condition or special diet requirements, please indicate them with your registration. We will do our best to accommodate your needs. For more information call: (508) 389-6300.*

Make check payable to: BOW / MSC

Print and Mail completed forms and check to:
MassWildlife Field Headquarters, 1 Rabbit Hill Road, Westborough, MA 01581



MEDICAL HISTORY QUESTIONNAIRE

ALL INFORMATION WILL BE HELD CONFIDENTIAL

Please read: This form is intended to remind staff and participants of the seriousness of attempting adventure activities with an old, pre-existing injury, heart problem or other conditions that might be aggravated by the event.

Name: _____

Date of Birth: _____ Sex: _____

Address: _____

City/State/Zip: _____

Medical Ins. Co.: _____ Policy#: _____

Emergency Contact: _____ Phone: _____

Physician: _____ Phone: _____

NOTE: Please check "yes" or "no" and provide additional details where required.

1. Any pre-existing injuries (ankles, knees, back, etc.) that might be aggravated by the event? Yes__ No__
2. Taking any current medication? Yes__ No__
3. Any heart problems or heart medication? Yes__ No__
4. Any pressure or coercion from employer or others to participate? Yes__ No__
5. Do you have high blood pressure? Yes__ No__
6. Do you foresee any problem participating in the upcoming programs due to a lack of physical exercise back home? Yes__ No__
7. Do you have any allergies (food, bees, insects), reactions to medications, or physical limitation? Yes__ No__

Please list allergies:

Please indicate below any health history/problems you feel the staff should be aware of:

EMERGENCY MEDICAL AUTHORIZATION

The attached health history is correct to the best of my knowledge, and I am able to engage in all activities, except as specifically noted by me and a physician. In the event of an emergency, I hereby give permission to a physician to hospitalize, secure proper anesthesia, or to order injection or surgery, or other medical procedures required in an emergency situation.

I give consent for the Massachusetts Division of Fisheries & Wildlife (hereinafter MDFW), to provide medical attention, transportation and emergency medical services as warranted by the circumstances.

I am in good physical condition, and am not aware of any disease or injury that would be aggravated or result in my being incapacitated or injured during any program participation except as signed herein.

Signature of Participant _____ Date _____



Becoming an Outdoorswoman in Massachusetts

LIABILITY

If I am injured or suffer any illness or disease while residing at and/or participating in programs of the MDFW, except as may be caused by the grossly negligent or reckless conduct of the MDFW and their agents, employees and volunteers, I agree to hold MDFW or their agents, employees, volunteers or the host site harmless for said injury, illness, or disease.

I further understand and agree to abide by the general rules of conduct prescribed for the guests of MDFW and violations may result in a denial of privileges, a forfeiture of all fees paid, and immediate removal from the hosting property.

I HAVE READ THIS RELEASE. I UNDERSTAND THAT IT AFFECTS LEGAL RIGHTS AND RESPONSIBILITIES, AND I HEREBY AGREE AND CONSENT TO THE TERMS AND CONDITIONS AND HEREBY WAIVE ANY CLAIMS ARISING WHILE RESIDING AND/OR PARTICIPATING IN THE PROGRAMS OF THE MDFW.

Signature of Participant _____ Date _____

PHOTO RELEASE

Participant's Name: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Phone: _____ (home) _____ (cell)

Email: _____

Workshop Title: _____ Location: _____

Participant also agrees that images or video taken during the BOW workshops may be used in future materials describing and/or promoting the program.

Signature of Participant: _____ Date: _____

Please print name: _____